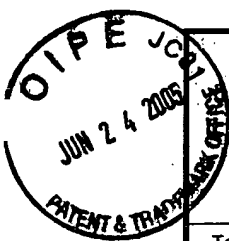


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | |
|--|--------------------------------|
| Application Number | 09/380,327 |
| Filing Date | September 3, 1999 |
| First Named Inventor | Sarah Anne ROBERTSON |
| Art Unit | 1644 |
| Examiner Name | BELYAVSKIY, Michail A. |
| Total Number of Pages in This Submission | Attorney Docket No. 38530-0100 |

ENCLOSURES (Check all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s), please identify below: |
| Remarks CUSTOMER NO. 26633 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual Name | Shawnmarie Mayrand-Chung, Reg. No. 48,896, HELLER EHRMAN LLP |
| Signature | <i>Shawnmarie Mayrand-Chung</i> |
| Date | June 24, 2005 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|--|------|--|
| Typed or printed name | | | |
| Signature | | Date | |

This collection of information is required by 37 C.F.R. 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions by reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

COMBINED FEE TRANSMITTAL for FY 2005

Effective 12/08/2004. Patent fees are subject to annual revision.

PTO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), & (i))

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$3,410.00)

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 09/380,327 |
| Filing Date | September 3, 1999 |
| First Named Inventor | Sarah Anne ROBERTSON |
| Examiner Name | BELYAVSKYI, Michail A. |
| Art Unit | 1644 |
| Attorney Docket No. | 38530-0100 |

METHOD OF PAYMENT (check one)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account

Deposit Account Number: 08-1641

Deposit Account Name: Heller Ehrman White & McAuliffe LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☒ Credit any overpayments and charge any deficiencies

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the deposit account

FEE CALCULATION (continued)

| | |
|---|----------|
| 4. PETITION FEES UNDER 37 CFR 1.17 (f) Fee Code: 1462 Fee \$ 400 For petitions filed under: § 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b) | Fee Paid |
| 5. PETITION FEES UNDER 37 CFR 1.17 (g) Fee Code: 1463 Fee \$ 200 For petitions filed under: § 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.956; § 5.12; § 5.15; § 5.25 | Fee Paid |
| 6. PETITION FEES UNDER 37 CFR 1.17 (h) Fee Code: 1464 Fee \$ 130 For petitions filed under: § 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(c); § 1.313; § 1.314 | Fee Paid |
| 7. PROCESSING FEES UNDER 37 CFR 1.17 (i) Fee Code: 1808 (1803 for § 1.221) Fee \$ 130 For petitions filed under: § 1.28(c)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(e); § 1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(c)(5); § 1.497(d); § 3.81 | Fee Paid |

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Applicati on Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|----------------------|-----------------------|-----------------------------|-----------------------|-----------------------------|-----------------------|-----------------------------|-------------------|
| | Entity Fee (\$) | Small Entity Fee (\$) | Entity Fee (\$) | Small Entity Fee (\$) | Entity Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| SUBTOTAL (1) | | | | | | | \$ |

2. EXTRA CLAIM FEES

| Entity Fee (\$) | Small Entity Fee (\$) | Fee Description |
|--------------------|-----------------------|---|
| 50 | 25 | Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent |
| 200 | 100 | Each Independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent |
| 360 | 180 | Multiple dependent claim, if not already paid |

| Extra Claims | | Fee from above | Fee Paid |
|--------------------|---------------|-------------------|------------|
| Total Claims | 91 -38** = 53 | 50 | \$2,650.00 |
| Independent Claims | 5 -3** = 2 | 200 | 400.00 |

**or number previously paid, if greater; For Reissues see below

| | | | |
|--------------------|-----|---|-------------|
| Multiple Dependent | 360 | = | 360.00 |
| SUBTOTAL (2) | | | \$ 3,410.00 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

| Total Sheets | Extra Sheets | Number of each additional 50 | Fee (\$) | Small Entity Fee (\$) |
|-----------------|-----------------|------------------------------------|----------------|-----------------------------|
| -100 = | /50 = | | x 250 OR x 125 | |
| SUBTOTAL (3) | | | \$ | |

8. OTHER FEES

| Entity Fee (\$) | Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130 | 65 | Surcharge - late filing fee or oath | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 920* | 920* | Requesting publication of SIR prior to Examiner action | |
| 1,840* | 1,840* | Requesting publication of SIR after Examiner action | |
| 120 | 60 | Extension for reply within first month | |
| 450 | 225 | Extension for reply within second month | |
| 1,020 | 510 | Extension for reply within third month | |
| 1,590 | 795 | Extension for reply within fourth month | |
| 2,160 | 1,080 | Extension for reply within fifth month | |
| 500 | 250 | Filing a brief in support of an appeal | |
| 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1,510 | 1,510 | Petition to institute a public use proceeding | |
| 500 | 250 | Petition to revive - unavoidably abandoned application | |
| 1,500 | 750 | Petition to revive - unintentionally abandoned application | |
| 50 | 50 | Processing fee for provisional appls (37 CFR 1.17(q)) | |
| 180 | 180 | Submission of Information Disclosure Statement | |
| 1,000 | 500 | Request for oral hearing | |
| 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 790 | 395 | Request for Continued Examination (RCE) | |
| 900 | 900 | Request for expedited examination of a design application | |

Other fee (specify)

| | |
|----------------------|----|
| SUBTOTAL (4+5+6+7+8) | \$ |
|----------------------|----|

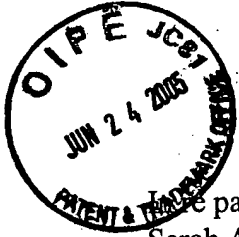
* Reduced by Basic Filing Fee Paid

SUBMITTED BY

| | | | |
|----------------------|---------------------------------|--------------------------------------|---------|
| Name (Print/Type) | Shawnmarie Mayrand-Chung | Registration No. (Attorney/Agent) | 48,896 |
| Signature | <i>Shawnmarie Mayrand-Chung</i> | Date | 6/24/05 |

Complete (if applicable)

| | |
|--------------|----------------|
| Telephone | (202) 912-2111 |
| Customer No. | 26633 |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I am the patent application of:
Sarah Anne Robertson *et al.*

Confirmation No.: 2475

Application No.: 09/380,327

Art Unit: 1644

Filed: September 3, 1999

Examiner: Michail A. Belyavskiy

For: **TREATMENT AND DIAGNOSIS OF INFERTILITY USING TGF β OR ACTIVIN**

AMENDMENT AND REPLY UNDER 37 C.F.R. § 1.116

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Response to the final Office Action mailed March 24, 2005 for the above-captioned application. A response is due June 24, 2004. A check in the amount of \$ 3,410.00 is appended hereto in payment of the claim fees that are due in conjunction with this Amendment and Reply. If any additional fees are due in conjunction with this filing, the Commissioner is authorized to credit any overpayment or charge any deficiency to Deposit Account No. 08-1641.

Please amend the Application as set forth in the Amendments below.

06/27/2005 SDENBOB1 00000051 09380327

| | |
|------------|------------|
| 01 FC:1202 | 2650.00 OP |
| 02 FC:1201 | 400.00 OP |
| 03 FC:1203 | 360.00 OP |